0331 **INVESTIGATION OF SUSPECTED BREAST FIBROADENOMA IN WOMEN AGED 25 AND UNDER – IS BIOPSY STRICTLY NECESSARY?**

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Background: Young women are at a very low risk of breast malignancy, and breast lumps are often proven to be benign, such as fibroadenomas. We aimed to observe the final diagnosis of women aged 25 and under presenting with a breast lump with benign ultrasonic appearances suggestive of fibroadenoma, and assess whether biopsy is strictly necessary.
Methods: Details of all women aged 25 and under attending a district general hospital with a breast lump between 2005 and 2010 was obtained. Histopathological reports were then correlated with those patients who had ultrasound scans which were suggestive of fibroadenoma.
Results: 324 scans were performed in the 5 year period. 86 (26.5%) were reported to have benign appearances suggestive of a fibroadenoma. Of these 56 (65%) patients subsequently underwent FNA (fine needle aspiration), 1 (1.1%) proceeded straight to core biopsy and 10 (11.6%) straight to excision biopsy. In all cases the histopathological diagnosis was that of a fibroadenoma.
Conclusions: Ultrasound is a reliable tool to diagnose fibroadenomas. In the low risk group aged 25 and under, we propose that when ultrasound features are highly suggestive of a fibroadenoma, and when the lump is not causing any significant symptoms, biopsy is not necessary.

0332 **ANTERIOR CRUCIATE LIGAMENT SCORING SYSTEMS IN THE UK – WHO'S USING THEM?**

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Method: 134 knee surgeons, performing ACL reconstruction, were asked to complete a posted written questionnaire. Responses were received by post.
Results: 81 (60%) surgeons responded by stating their preferred scoring system. 40 (49%) surgeons routinely use ACL scoring systems versus 41 (51%) surgeons who do not. The Lysolm (I and II) knee scoring scale and Tegner activity score were most commonly used (59%) followed by the Knee injury and osteoarthritis outcome score (KOOS) (12%) and International Knee Documentation Committee (IKDC) subjective knee score (9%).
Recommendations: This survey raises the question - should all surgeons be using scoring systems in their ACL practice? This would be relatively easy to do through the routine six months follow up. This will help to adopt a transparent assessment of consultants' performance in that specific field.

0334 **DIAGNOSIS AND PREOPERATIVE ASSESSMENT OF INVASIVE LOBULAR CARCINOMA OF THE BREAST: A RETROSPECTIVE AUDIT**

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Background: The detection and preoperative assessment of invasive lobular breast carcinoma (ILC) remains a challenge. NICE recommends preoperative MRI prior to breast conserving surgery. This audit examines practice in a District General Hospital and evaluates the role of preoperative MRI.
Methods: A retrospective audit was carried out on patients diagnosed with ILC between 1st January 2008 and 31st October 2009. Patients with histologically confirmed ILC were selected from the hospital database. Those with mixed lobular and ductal carcinoma or isolated lobular carcinoma in-situ were excluded.
Results: 28 patients were included (age range 42-95 years, median 65 years). Bilateral disease was present in one patient, multifocality in 2. 88% of cancers were detected by mammography. Pre-operative MRI scans were performed in 6 cases. MRI showed 3 cancers that were undetected by mammogram or ultrasound. Histology revealed multifocal disease in 2 cases; one of these was detected by pre-operative MRI and ultrasound. Three patients had completion mastectomies, none of whom underwent pre-operative MRI. Tumour size discrepancies were similar for mammography and MRI.
Conclusion: Our findings suggest that MRI confers additional benefit in the detection of ILC and in preoperative planning. A larger study with MRI for all cases of ILC would be more conclusive.

0335 **A HEAD AND NECK "TWO-WEEK WAIT" CLINIC: CANCER REFERRALS OR THE WORRIED WELL?**

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Aim: The "two-week wait" rule for specialist review of patients with suspected cancer was introduced as a result of the publication of the NHS Cancer Plan in 2000. It has led to the use of a specific referral proforma and the development of dedicated clinics for suspected head and neck cancer referrals. This study sought to review the outcomes of all patients referred to our clinic under this rule.
Methods: All referrals made using the two-week wait proforma over a twelve-month period were reviewed. Referral details, investigations, operations and eventual diagnoses were recorded for each patient.
Results: Four hundred patients were referred, with a malignant diagnosis rate of 9%. Over 38% of patients were discharged at their first appointment, and the remaining 52.8% received an eventual benign diagnosis after appropriate investigations and work-up.
Conclusion: The cancer detection rate in our dedicated two-week wait clinic is 9%. This figure could be improved upon with better education regarding the use of the referral proformas. However, a large percentage of benign diagnoses were made, providing reassurance for many patients.

0337 **THE VALUE OF A STROKE/TIA PATHWAY (STP) FOR SYMPTOMATIC CAROTID SURGICAL PATIENTS**

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Objective: To optimise benefit from carotid endarterectomy (CEA), NICE guidelines set a 2 week target from onset of symptoms to surgery. Nationally this is only achieved in 33%. We examined the utility of a STP in order to achieve NICE stroke targets.
Method: A prospective database of CEAs performed for symptomatic carotid disease was analysed for speed of access to imaging, treatment timelines and 30-day clinical outcomes. Data was analysed for 12 months before STP implementation (pre-STP) and for 12 months following STP implementation (post-STP).
Results: 93 symptomatic patients (pre-STP n=43 vs. post-STP n=50) underwent CEA. The proportion of patients with an ABCD2 score $\geq$4 was 93% vs. 83% with similar demographics in both groups. Brain imaging (CT or MRI) was performed within 24hrs in 39% vs. 63%. Carotid imaging (Duplex or MRA) was done within 7 days in 69% vs. 76%. CEA was performed within 2 weeks from the onset of symptoms in 14% vs. 73%. Clinical outcomes at 30-days for stroke (2 patients) and composite stroke/death (6.7% vs. 5.4%) were similar.
Conclusion: This study demonstrates that STP implementation improves the speed of access to diagnostic imaging and treatment for symptomatic carotid patients with no adverse effect on outcomes.

0338 **DOES AN ENHANCED RECOVERY PROGRAMME AFFECT READMISSION RATES FOLLOWING COLORECTAL RESECTION?**

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Background: Enhanced recovery after surgery (ERAS) is a clinical pathway for surgical patients designed to reduce hospital stay. Currently this pathway is beginning to show that tailoring of treatment before, during and after surgery can achieve this goal. Patient safety following early discharge is of paramount importance. This study aims to compare 30 day readmission rates of those patients in an ERAS pathway versus those undergoing standard clinical care.